CONTINUING EDUCATION PROGRAM

- RN Refresher Program
Eastern University’s Campolo College of Graduate and Professional Studies (CCGPS), Department of Nursing offers a continuing education program specifically designed to suit the needs of the RN who has been out of the clinical workplace and wishes to return to the acute-care workforce.

To enroll in the program, please submit: A completed application and fee of $1,800.00, personal essay, and additional documents (see right column below).

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<tr>
<th>PROGRAM</th>
<th>ADMISSIONS CRITERIA</th>
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<tr>
<td>RN Refresher Program</td>
<td>• Copy of current Pennsylvania RN license</td>
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<td>• Copy of current Basic Life Support Certification</td>
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<td>• Copy of current malpractice insurance</td>
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<td>• State criminal background clearance</td>
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<td>• HIPAA Compliance Form</td>
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<td>• Health Form</td>
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**IMPORTANT INFORMATION (PLEASE READ CAREFULLY)**

- Completed and signed original application form with all required documents must be submitted together in order to process your registration. To expedite your registration, call 610.341.5896.
- The prospective student must have a valid, current Pennsylvania Registered Nurse license in good standing, submit a copy of the summary page of malpractice insurance in the mandatory amount of $1 million minimum, a current health form completed by a physician, a state criminal background clearance, and current Basic Life Support certification is required. In addition, the HIPAA form must be submitted two weeks prior to class start.
- The cost of the program is $1,800.00. There is no financial aid or scholarship assistance available at this time. The complete cost of the program must be paid in full to guarantee registration. Eastern University accepts personal checks, money orders, Master Card and Visa. Checks are made payable in advance to Eastern University. Credit card payments can be made online (ask for more information) or by submitting the enclosed Student Accounts Authorization Form with the admissions application.
- The student will not be paid during the clinical experience.
- Applicants are responsible for supplying all necessary documentation to Eastern University. The University will not inform an applicant when documentation arrives. It is the applicant’s responsibility to monitor the status of his/her application file and ensure the completion of his/her file.
- Ethnicity, gender, and religious affiliation are for government statistical purposes only; your responses to these questions are voluntary.
- Eastern University is accredited by the Middle States Commission on Higher Education and the Commission on Collegiate Nursing Education (CCNE). Eastern University does not discriminate in any of its policies, programs, or activities on the basis of gender, race, handicap, marital or parental status, or national or ethnic origin.
APPLICATION CHECKLIST

To be considered for admission to Eastern University’s CCGPS, Department of Nursing continuing education program, please complete, sign, and return the application for admission with your program fee, with all required documents. A checklist is provided for your assistance and/or call 610.341.5896 and forms will be e-mailed to you.

☐ Signed application for admission

☐ Writing Sample/Personal Essay

☐ Program fee of $1,800.00 payable in advance

☐ Copy of current Pennsylvania Registered Nurse license

☐ Copy of the summary page of malpractice insurance (mandatory $1 million minimum)

☐ Copy of current Basic Life Support certification

☐ State criminal background clearance form

☐ Current health documentation form

☐ Original signed HIPAA compliance form
CONTINUING EDUCATION PROGRAM

☐ RN REFRESHER PROGRAM

SEMESTER PREFERRED ___________________________ START DATE ___________________________

HOW DID YOU HEAR ABOUT EASTERN UNIVERSITY? _______________________________________

PERSONAL INFORMATION (please print clearly or type)

NAME ____________________________________________

IF YOUR NAME WILL APPEAR IN ANY OTHER FORM ON DOCUMENTS, ENTER NAME HERE (MAIDEN, MARRIED, FAMILY NAME, ETC.) ___________________________

last first middle initial ☐ Mr. ☐ Mrs. ☐ Ms.

MAILING ADDRESS ________________________________________________________________

city ___________________________ state ___________________________ zip ___________________________

HOME PHONE ___________________________ WORK PHONE ___________________________ CELL PHONE ___________________________

E-MAIL __________________________________________________________

SOCIAL SECURITY # ___________________________ DATE OF BIRTH (M/D/YR) ___________________________

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

NATIVE LANGUAGE __________________________________________________________

The following information is optional and for institutional research purposes only:

GENDER: ☐ MALE ☐ FEMALE

RELIGIOUS AFFILIATION __________________________________________________________

ETHNICITY ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE ☐ HISPANIC

☐ AMERICAN INDIAN/ALASKA NATIVE ☐ ASIAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

☐ TWO OR MORE RACES ☐ OTHER _______________________________________________________

IMMIGRATION INFORMATION FOR NON-U.S. CITIZENS

Please send to the admissions office legible photocopies of your current immigration documents, such as green card, passport, visa, I-94, I-20, etc. These documents are necessary before your file will be reviewed.

COUNTRY OF CITIZENSHIP __________________________________________________________

IF CURRENTLY IN THE U.S., ARE YOU A PERMANENT RESIDENT OF THE U.S.? ☐ YES ☐ NO

IF YES, WRITE THE ALIEN RESIDENT # IN THE BLANK PROVIDED. A- ______________

IF NO, WHAT IS YOUR CURRENT VISAC STATUS? (i.e. F-1, H1-B) ____________________________

Eastern University   Department of Nursing Admissions   Gatehouse Building   1300 Eagle Road, St. Davids, PA 19087-3696   610.341.5896
EDUCATION INFORMATION

(PLEASE CHECK ONE) ☐ HIGH SCHOOL GRADUATE - YEAR OF COMPLETION _____________ ☐ GED CERTIFICATE - YEAR ISSUED _____________

HIGH SCHOOL NAME __________________________________________

CITY _______________________________ STATE _______ COUNTRY _______

List all postsecondary colleges, universities, graduate and professional schools you have attended for credit. (Include Eastern University if you previously attended.) Also, if applicable, list branch of military service, college credit tests taken (CLEP, PEP, DANTES, USAFI) and certificates and/or licenses earned.

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<tr>
<th>INSTITUTION NAME</th>
<th>DATES ATTENDED</th>
<th>TOTAL HOURS / CREDITS</th>
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EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO ☐ FULL-TIME ☐ PART-TIME

EMPLOYER’S NAME __________________________________________ PHONE( )

EMPLOYER’S ADDRESS __________________________________________

CITY _______________________________ STATE _______ ZIP _______

JOB TITLE _______________________________

PLEASE READ AND SIGN

I understand that I am responsible for the submission and receipt, by the University, of application, program fee and all admissions criteria. I understand it is my responsibility as an applicant to the University to monitor the status of my application and ensure the completion of my admissions file. Formal admission to Eastern University’s continuing education program is granted only after all admission materials have been received and all admission requirements are met. I certify that the information given on this application for admission is complete and correct to the best of my knowledge. I also authorize Eastern University to make appropriate inquiries when necessary to verify the accuracy of my records.

SIGNATURE _______________________________ DATE __________________________

Please sign and mail completed form along with $1,800.00 application fee to:

EASTERN UNIVERSITY
Department of Nursing Admissions
Gatehouse Building
1300 Eagle Road
St. Davids, PA 19087-3696

Eastern University is accredited by the Middle States Commission on Higher Education and the Commission on Collegiate Nursing Education (CCNE).

Eastern University is committed to providing Equal Educational and Employment Opportunity to all qualified persons regardless of their economic or social status and does not discriminate in any of its policies, programs, or activities on the basis of gender, race, handicap, marital, or parental status, color, or national or ethnic origin.
PURPOSE
This application requirement is designed to provide the Campolo College of Graduate and Professional Studies, Department of Nursing with a recent sample of your writing. Your completed essay will serve as a significant component of your application materials and will help determine your eligibility for admission to our program. This essay will become the property of Eastern University after its submission and may be used for internal research purposes; we can neither return nor comment upon your personal essay.

DIRECTIONS
- On a separate sheet of paper, answer the related essay question. All essays must be 50 to 100 words in length.
- The following reference materials may be used in the composition of this essay: spell check, a grammar handbook, a dictionary, and/or a thesaurus.
- Because we expect this sample to be a true reflection of your personal thoughts and academic abilities, no other person may assist you in the reading, writing, or editing associated with this essay.
- If you include quotes or paraphrases from other sources (e.g. the Internet, a book, a magazine article), the source(s) must be cited. Failure to cite sources will be considered plagiarism and may result in the denial of your application for admission.
- No rewriting of your essay after its submission is permitted.

RN REFRESHER PROGRAM
Essay Question: Describe how the RN Refresher Program will help you achieve your personal and professional goals.

Please submit your completed personal essay by mail, e-mail, or fax to the address below:

Eastern University
Department of Nursing Admissions
Gatehouse Building
1300 Eagle Road
St. Davids, PA 19087-3696

E-mail: rntobsn@eastern.edu
Fax: 610.225.5016